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Image# 12960692784

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only	
1. NAME OF COMMITTEE (in full)	E OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5		
Society for Vascular Surge	ery Political Action	Committee				
ADDRESS (number and street)	33 N. St. Clair St.					
Check if different	4th Floor Chicago			IL L	60611	
2. FEC IDENTIFICATION NUMB	ER ▼ CIT	Y A	S	TATE 🛦	ZIP CODE ▲	
C C00381459	3. IS		NEW OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	b) Monthly Feb :	20 (M2)	May 20 (M5)	Aug	(Non-Ele Year On	ly)
(a) Quarterly Reports:	Mar :	20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 2 (Non-Ele Year On	0 (M12) ection ly)
April 15	Apr 2	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 3 ⁻	I (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P	×	General (12G) Runoff	(12R)
October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	n on 11	06	2012	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	G)	Runoff (3	0R) Specia	I (30S)
Termination Report (TER)	Election	n on	D	Y	in the State of	
5. Covering Period 10	01 / 2012	through	10	/ D D /	2012	
I certify that I have examined this Re Type or Print Name of Treasurer R	eport and to the best of Rebecca M. Maron	my knowledge and b	pelief it is true	e, correct and	complete.	
Signature of Treasurer Rebecca M	I. Maron	[Electronically	, Filed] Da	ate 10	/ D D / Y Y Y 2012	
NOTE: Submission of false, erroneous,	, or incomplete information	may subject the pers	son signing thi	s Report to th	e penalties of 2 U.S.C. §	437g.
Office Use Only					FEC FORM 3) Rev. 12/2004	 (

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Society for Vascular Surgery Poli	itical Action Committee	
Report Covering the Period: From:	10 01 2012 To:	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		91688.27
(b) Cash on Hand at Beginning of Reporting Period	99193.24	
(c) Total Receipts (from Line 19)	1100.00	95104.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100293.24	186793.24
7. Total Disbursements (from Line 31)	7000.00	93500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93293.24	93293.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Society for Vascular Surgery Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:	1			
(a) Individuals/Persons Other				
Than Political Committees	1100.00	04400.07		
(i) Itemized (use Schedule A)	1100.00	84499.97		
(ii) Unitemized	0.00	10605.00		
(iii) TOTAL (add	1100.00	95104.97		
Lines 11(a)(i) and (ii)▶	1100.00	33104.37		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	1100.00	95104.97		
. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
-				
. All Loans Received	0.00	0.00		
. Loan Repayments Received	0.00	0.00		
. Offsets To Operating Expenditures	7	7		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
. Refunds of Contributions Made	7	7		
to Federal Candidates and Other				
Political Committees	0.00	0.00		
Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
. Transfers from Non-Federal and Levin Funds	3.00	3.00		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(7 7	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(5) LOVIII I GINGS (IIOIII OCHEGUIE 110)	7	5.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1100.00	95104.97		
_	7			
. Total Federal Receipts				
(subtract Line 18(c) from Line 19) ▶	1100.00	95104.97		

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calolidai Tour-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(II) II - I I I I	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	7000.00	93500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use scriedule 1)	7 7	0.00		
Loan Repayments Made	0.00	0.00		
4.19				
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00			
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
=				
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) I ederal Share				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7000.00	93500.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	7000.00	93500.00		
	7			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1100.00	95104.97	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1100.00	95104.97	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	FOR LINE NUMBER:			PAGE	6	OF		9	
(che	(check only one)								
×	11a		11b		11c	12			
	13		14		15	16	;		17

or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Society for Vascular Surgery Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Vivian Gahtan		Date of Receipt
Mailing Address 750 E. Adams Street		M = M / D = D / Y = Y = Y
Room 8801 City	State Zip Code	10 13 2012
Syracuse	State Zip Code NY 13210	Transaction ID : SA11AI.6933
_ •		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SUNY Upstate Med. Ctr	vascular surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Peter F. Lawrence		Date of Receipt
Mailing Address 10380 Wilshire Blvd.		M = M / D = D / Y = Y = Y
Apt. 1501	State 7:- Cod-	10 09 2012
City	State Zip Code CA 90024	Transaction ID : SA11AI.6932
Los Angeles	CA 90024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Private Practice	Vascular Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Dr. Michael A. Vasquez		Date of Receipt
Mailing Address 415 Tremont Street		10 03 _2012 _
City	State Zip Code	Transaction ID : SA11AI.6931
North Tonawanda	NY 14120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed, Private Practic	vascular surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number o	nly)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political Action Committee Full Name (Last, First, Middle Initial) Franklin W. West Date of Receipt Mailing Address 11714 North Creek Parkway, North Suite 100 2012 10 City Zip Code State Transaction ID: SA11AI.6934 WA Bothell 98011 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Pacific Vascular, Inc. vascular sonographer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 1100.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(dula(a) TOTT EINE NOMBERT		PAGE 8 OF 9
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	e Concor only	one) 22 X 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Society for Vascular Surgery Polit			CONOR CONTINUED III	om odon commutee.
Full Name (Last, First, Middle Initial)				
A. Ami BERA FOR CONGRESS			Date of Disburseme	
Mailing Address Post Office Box 582496			10 01	2012
City	State Zip Code		Transaction ID : S	SB23.6938
Elk Grove Purpose of Disbursement	CA 95758			
Candidate Name			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		2000.00
Senate President	ement For: 2012 Primary ∑ General Other (specify) ▼			
State: CA District: 03				
Full Name (Last, First, Middle Initial) RICHARD CARMONA			Date of Disburseme	
Mailing Address PO BOX 12339			10 01	2012
City TUCSON	State Zip Code AZ 85732		Transaction ID : \$	SB23.6936
Purpose of Disbursement			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type	Alligant of East Six	2000.00
Senate President	ement For: 2012 Primary	1,7,7		,
State: AZ District: 00 Full Name (Last, First, Middle Initial)			Date of Disburseme	ant
COSEPH R. PITTS			M M / D D	/
Mailing Address PO BOX 775 PO BOX 775			10 01	2012
City	State Zip Code		Transaction ID : \$	SB23.6941
Unionville Purpose of Disbursement	PA 19375			
Candidate Name		Category/	Amount of Each Dis	sbursement this Period
		Type		1000.00
Office Sought: House Disburse	ement For: 2012 Primary ☐ General Other (specify) ▼			
				5000.00
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	7	000.00
TOTAL This Period (last page this line number only	y)		1	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 9 OF 9		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.		
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 📗 25 📉 26		
	_ Janua Janimary Lago	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Statem					
or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
$ \; angle$ Society for Vascular Surgery Politic	al Action Committee				
Full Name (Last, First, Middle Initial)					
A. LEE C ROGERS			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address 3700 WILSHIRE BLVD STE 1050-E	3		10 02 2012		
City	tate Zip Code				
•	CA 90010		Transaction ID: SB23.6942		
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name	,	Category/	2000.00		
000		Туре	2000.00		
	nent For: 2012 Primary				
	Primary ∑ General Other (specify) ▼				
State: CA District: 25	outer (opcony)				
Full Name (Last, First, Middle Initial)					
B.			Date of Disbursement		
		M M / D D / Y Y Y Y			
Mailing Address					
City	tate Zip Code				
S.,	_р осис				
Purpose of Disbursement	1				
O. of J. L. Nove			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought: House Disbursem	ent For:	Туре			
	Primary General				
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
Mailing Address					
City	tate Zip Code				
Purpose of Disbursement	1				
Purpose of Disbursement					
Candidate Name	Amount of Each Disbursement this Period				
		Category/ Type			
Office Sought: House Disbursem	nent For:				
	Primary General				
	Other (specify) ▼				
State: District:					
CURTOTAL of Distance and Till D. ()			2000.00		
SUBTOTAL of Disbursements This Page (optional)		·····	200.00		
TOTAL This Period (last page this line number only).			7000.00		